



**Office of the Staff Judge Advocate  
Stuttgart Law Center  
Claims Office**

**FILING A CLAIM FOR DAMAGE OR LOSS INCIDENT TO SERVICE  
ESP. WHEN CAUSED BY FIRE, FLOOD, HURRICANE,  
OTHER UNUSUAL OCCURRENCE,  
OR BY THEFT OR VANDALISM; DEPLOYMENT CLAIMS  
Call DSN: 421-4597/2473 or Civ: 0711-729-4597/2473**

The Claims Office is located at the Stuttgart Law Center, Kelley Barracks, Building 3312, Room 222. Claimants are seen on an appointment basis from 09:00am – 04:30pm on Mondays, Tuesdays and Fridays. On Wednesdays, claimants are seen on a first come, first served walk-in basis. Please call for appointments or information or send an email to [heike.dragicevic@cmtymail.6asg.army.mil](mailto:heike.dragicevic@cmtymail.6asg.army.mil).

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY**

**GENERAL INFORMATION:**

The Personnel Claims Act (PCA) is not a substitute for insurance. Quarters losses and most vehicle losses are compensable only if caused by “fire, flood, hurricane, or other unusual occurrence, or by theft or vandalism.” The PCA provides protection only from **extraordinary hazards** (broadly categorized as losses due to abnormal climatic conditions or to the condition of the military installation that other soldiers and civilians do not face to the same degree) and the intentional torts of theft and vandalism. **Unusual occurrence** is defined as a hazard outside the normal risks of day-to-day living and working. An unusual occurrence takes place at a particular time and location; it is not an accumulation of damage due to a continuing condition.

2. By statute, only **service members** or **government employees** can file these types of claims. As an exception, a representative may file on your behalf with a Power of Attorney; a spouse may file using a Power of Attorney or with specific written authorization. The claim settlement still goes to the sponsor. An example of a written authorization: *“I, SPC John Doe, 555-55-5555, hereby authorize my wife, Jane Doe, (SSN), to file a claim against the U.S. Government on my behalf for (briefly describe the incident or extraordinary hazard that caused your loss).”* (Signed) (Date)
3. A claim must be **presented in writing** to a military installation within **two years** after it accrues. This requirement is statutory and may not be waived

**HERE’S WHAT YOU NEED TO FILE YOUR CLAIM:**

Complete the forms online or neatly in ink. The more information you provide, the quicker we can settle your claim.

- 1. DD Form 1842, Claim for Loss or Damage to Personal Property (see attached sample)
- 2. DD Form 1844, List of Property and Claims Analysis Chart (see attached sample)
- 3. **Pictures of damaged items.** Please label all photos with the item’s Line No. on the DD1844(Block5)
- 4. **MP Report / DPW Report /** Baggage irregularity report/ Boarding pass/ Ticket (if applicable)
- 5. **PCS orders or quarters assignment** letter
- 6. **Insurance** policy and insurance settlement letter with breakdown of payments
- 7. **Estimate of Repair or Replacement Costs** (See section **HOW TO SUBSTANTIATE YOUR CLAIM**)
- 8. **Purchase Receipts**, etc. to substantiate claim
- 9. **Fire Department / German Polizei investigation report/ Memorandum** from 1SG or Commander (if applicable)
- 10. **Vehicle Registration** (if applicable)
- 11. **Power of Attorney** (if applicable)
- 12. **Witness Statement(s)** (if applicable)

## **HOW TO SUBSTANTIATE YOUR CLAIM:**

**CLAIMANT MUST SUBSTANTIATE THE FOLLOWING:  
OWNERSHIP AND THE DOLLAR VALUE OF THE LOSS OR DAMAGE**

**Proof of ownership and value:** In order to substantiate your claim, you will need proof of ownership and value of your claimed property. You will need proof of repair or replacement cost. Substantiation of value normally consists of original receipts of purchase. Proof of ownership and quality can consist of an owner's manual, a photograph, or the box that the item was originally packed in, showing brand, make, and model.

- 2. Cost of Repair:** It cannot exceed the current value of the item.
  - a. **Bring small damaged items to the claims office for inspection.** At the time of the inspection you will be told whether you need to get a formal repair estimate.
  - b. You will usually need a repair estimate on **furniture**, unless the damage is either very minor or so bad that it is obvious (to us) that it is not repairable.
  - c. All **electronic items** must have an estimate of repair done, unless otherwise directed by the Claims Office. Factors which effect this requirement are age and value of the item and the extent of the damage.
  - d. **AGREED COST OF REPAIR.** If you have a non-electronic item and you feel any damage can be repaired for **\$99.00 or less**, discuss this matter with the Claims Office Personnel. If an agreed cost of repair is reached, it is not necessary to obtain a written estimate.
  - e. Estimates for **vehicle repairs** must be itemized. The damage to each area of your vehicle must be separately described on the estimate. For example, the cost of repair for damage to the hood, fender, door, trunk, etc. should be itemized. The estimate must list each repair to be done, and itemize each cost for **labor, materials, spare parts, tax**, and the estimate itself. Submission of an estimate which lists repair costs in a lump sum will not be accepted. Only estimates by qualified repairmen can be accepted.

**NOTE: APPRAISALS (GUTACHTEN) ARE NOT ACCEPTABLE AS ESTIMATES OF REPAIR. ADDITIONALLY, FEES INCURRED TO OBTAIN APPRAISALS WILL NOT BE REIMBURSED BY THE CLAIMS OFFICE.**

- 3. Replacement Cost:** This is a factor in determining an item's fair market value when an item is lost or damaged beyond repair. If possible, please provide replacement costs for everything regardless of the value. However, you must obtain replacement costs for items with a value over **\$100.00** from mail order catalogs, AAFES, Internet or in some instances, from a local merchant. If using a catalog, make a copy of the catalog page. AAFES will usually issue a written statement of replacement costs.  
**NOTE: Ensure the item can be shipped to an APO address if it is in a catalog or online.**

**PLEASE DO NOT USE ebay.com FOR REPLACEMENT COSTS, AS THEY VARY WIDELY.**

## **ADDITIONAL INFORMATION:**

- 1. You are required to file with your private Insurance Company** before the Claims Office can accept your claim. Failure to disclose that you have insurance is a serious matter. Making a claim with both your insurance company and the Government without disclosing the fact of insurance may be a violation of the UCMJ.
- 2. In the case of vehicle losses**, there is a presumption that **vehicle theft or vandalism** does not occur on the military installation or at quarters and is generally not compensable. Claims for theft from or vandalism to vehicles (including property located inside the vehicle) are only payable when a claimant proves that the theft or vandalism occurred while the vehicle was on the military installation or at quarters (for example, a military police report indicates broken glass from the window was found at the on-post parking lot where the vehicle was parked), or was otherwise directed against the claimant's property because of the claimant's status as a member of the military or as a government employee.

3. Collisions are not unusual occurrences. Claims for damages arising from such incidents may be paid only when the vehicle was being used under orders for the convenience of the Government. For example, it is not an unusual occurrence for a parked vehicle to be struck by a shopping cart in a commissary parking lot or by a **hit-and-run driver**.
4. For **deployment claims** please try to obtain witness statements from fellow soldiers who have seen the lost item on you or who can attest to you owning the claimed property. If you received instructions from your supervisor, for example to put your belongings in a certain storage area, try to obtain a statement from that person or a Memorandum from your Unit's First Sergeant or Commander.
5. **Do not dispose** of damaged property. The Claims Office may inspect items before or during processing of your claim. You may be required to turn in damaged items with salvage value to the Defense Reutilization and Marketing Office (DRMO). Disposal of property before your claim is settled could result in a reduction of the amount paid to you
6. You have a duty to lessen the damages to **wet and mildewed** items by drying them to prevent further deterioration and cleaning the items. Failure to do so can result in reduction of your claim.
7. **Value Added Tax (Mehrwertsteuer):** You will normally **not** be reimbursed for the German value added tax. You can get tax relief forms at the community Tax Relief **before** paying your bill.

**ALWAYS REMEMBER:** A CLAIM MUST BE PRESENTED IN WRITING TO A MILITARY INSTALLATION WITHIN TWO YEARS AFTER IT ACCRUES. THIS REQUIREMENT IS STATUTORY AND MAY NOT BE WAIVED. ALL YOU NEED TO MEET THE TWO YEAR DEADLINE IS TO SUBMIT A WRITTEN DEMAND FOR PAYMENT, SIGNED BY YOU, OR AN AUTHORIZED ELECTRONIC DEMAND. THE DEMAND DOES NOT NEED TO STATE A SPECIFIC AMOUNT.

## **INSTRUCTIONS FOR FILLING OUT DD FORM 1842**

This is the form on which you will actually make a demand against the Government for a specific sum of money. Its purpose is to give details as to why and how the damage or loss occurred. You need to submit one original written in ink. The amounts **MUST be in Dollars**. For any **Euro** amount, please leave blank. The person who takes in your claim will convert the Euro amount to Dollars.

**1-8. IDENTIFYING DATA:** Self-explanatory. Note that Block 5 should be your quarters address and Block 6 should be your mailing address, which in most cases means your duty address.

**9. AMOUNT OF CLAIM:** Leave blank if you have any amounts in **Euros** (This will be computed using the conversion rate on the day you file your claim at the claims office.).

**10. DATE, PLACE, FACTS AND CIRCUMSTANCES OF INCIDENT:** In this block, please describe the incident giving rise to your claim. Be specific here and do not put down see attached MP report. If you are running out of space, write continued in the right side bottom corner of the block and use a separate sheet to continue your description.

**1-15. QUESTIONS:** leave blank.

**16-18. SIGNATURE:** Do not sign and date the form until you are in the presence of claims personnel. You are making an official statement.

Please also read the reverse side of DD Form 1842.

If you have any questions concerning the completion of this form, call the claims office at DSN 421-4597/2473.



# CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

## PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John W.	2. BRANCH OF SERVICE Army	3. RANK OR GRADE SGT	4. SOCIAL SECURITY NUMBER 000-99-222
5. HOME ADDRESS (Street, City, State and Zip Code) Robinson Barracks Bldg. 666 Apt 77 Stuttgart		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) CMR 480 Box 999 APO AE 09128	
7. HOME TELEPHONE NO. (Include area code) 0711-729-4597	8. DUTY TELEPHONE NO. (Include area code) 421-2473	9. AMOUNT CLAIMED <i>Leave blank if in €</i>	

10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)

NOTE: PLEASE DO NOT PUT DOWN SEE ATTACHED MP REPORT. YOU MUST EXPLAIN THE CIRCUMSTANCES OF YOUR LOSS OR DAMAGE

In this block, please describe the incident giving rise to your claim. Be specific here as to what exactly happened, when and where it happened and how or why it happened. If you are running out of space, write continued in the right bottom corner of this block and use a separate sheet to continue your description.

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
	E	K
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)	✓	N
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)	A	A
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)	E	L
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)	L	B

### 16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.

I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.

I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (or designated agent) <i>if possible, please sign and date in presence of claims personnel</i>	18. DATE SIGNED (YYYYMMDD)
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## PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$
a. SMALL CLAIMS			
b. REGULAR CLAIMS			
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)

**CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE****PART I - TO BE COMPLETED BY CLAIMANT** (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)		2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER				
5. HOME ADDRESS (Street, City, State and Zip Code)			6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)					
7. HOME TELEPHONE NO. (Include area code)		8. DUTY TELEPHONE NO. (Include area code)		9. AMOUNT CLAIMED				
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)								
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)				<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td></td><td></td></tr></table>	YES	NO		
YES	NO							
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)				<table border="1"><tr><td></td><td></td></tr></table>				
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)				<table border="1"><tr><td></td><td></td></tr></table>				
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)				<table border="1"><tr><td></td><td></td></tr></table>				
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)				<table border="1"><tr><td></td><td></td></tr></table>				
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.								
17. SIGNATURE OF CLAIMANT (or designated agent)				18. DATE SIGNED (YYYYMMDD)				

**PART II - CLAIMS APPROVAL** (To be completed by Claims Office)

19. PROCEDURE (X one)		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$
<input type="checkbox"/> a. SMALL CLAIMS				
<input type="checkbox"/> b. REGULAR CLAIMS				
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)				
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY		d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED (YYYYMMDD)

## PRIVACY ACT STATEMENT

**AUTHORITY:** 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSE(S):** Filing, investigation, processing and settlement of claims for losses incident to service.

### ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

**DISCLOSURE:** Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

## INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

## PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

<b>23. DENIAL</b> ( <i>X if applicable</i> ) The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.		<b>24. SUPPLEMENTAL PAYMENT</b> ( <i>X and complete if applicable</i> ) The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$	
<b>25. SIGNATURES</b>			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
<b>26. APPROVING/SETTLEMENT AUTHORITY</b> ( <i>Settlement Authority is required for denial.</i> )			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

## INSTRUCTIONS FOR FILLING OUT DD FORM 1844

This form provides detailed information on your lost or damaged items. A decision on how much to pay you is based primarily on the information you supply on this form, so you should complete it very carefully.

.4. Self explanatory.

5. **LINE NUMBER:** This is simply the sequence number on the DD Form 1844. Start with "1" and number each line item. If possible, please try to group **similar items** together (i.e. military uniforms should be noted one after the other). If you lost a **box of something** like a "box of clothes", list the individual missing/damaged items inside the box as **individual line items** on the DD Form 1844 as much as possible. For **furniture estimates** of repair: each item will need to be listed separately on the DD Form 1844.
6. **QUANTITY:** List the number of items claimed on this line, e.g. *4 mildewed rugs* etc. NOTE: Do not list different types of items on one line. If you have a living room set with several pieces of furniture for example, you need to list each piece separately.
7. **LOST OR DAMAGED ITEMS:** Even though the space is small, it is important to be specific in this block, both with the description of your property and the description of damage. For an item that is gone, list it as "missing" on the form. For damaged items, list where the damage is.  
For **vehicles:** List the make, model, year, and mileage of your POV on the first line followed by a specific description of the damage.  
EXAMPLES:  
*Line No. 1 2004 BMW 325I, 1,500 miles.*  
*Line No. 2 Front Right Bumper has a walnut size dent.*  
*Line No. 3 Front Right Headlight Shattered...etc, etc, etc.*
8. **INVENTORY NUMBER:** There is no inventory number, do not fill this portion in.
9. **ORIGINAL COST:** This is the price you originally paid for the item. If you bought it used, please indicate this here or in block 7. If the item was a gift, write "gift" in place of the price paid.  
For **vehicles:** this is the price you originally paid for the POV or for parts you need to have replaced. If the item claimed was purchased as part of the car originally, leave this space blank.
10. **MONTH/YEAR OF PURCHASE:** Please list when you purchased the item or received it as a gift.  
For **vehicles:** This is the date you purchased your POV or additional items that were added to your POV (i.e. you purchased a CD player, but not as a part of the original POV cost, place this on it's own line). If the item claimed was part of the original POV purchase, leave this line blank.
11. **REPAIR COST:** This is based on either an estimate attached to your claim or an agreed cost arrived at after discussion with claims personnel.

**REPLACEMENT COST:** Where an item is lost or irreparably damaged, you will claim an amount here. Generally, anything valued at more than \$100.00, and possibly some things of lesser value, will require written verification. If you are not told which items to substantiate, please ask before you prepare your claims packet. **Do not use ebay.com for replacement costs, as the prices on this website vary widely.**

**PLEASE BE AWARE THAT MOST OF THE FIRMS LISTED WILL CHARGE A FEE FOR THEIR ESTIMATE.**

12. **TOTAL AMOUNT CLAIMED:** If you have more than one page, the grand total should appear at the bottom of the last page. The total must be in Dollars. If you have a figure in Euro, leave this block blank. Claims personnel will convert the **Euro** amount to **Dollars** when you file your claim.

If you have any questions concerning the completion of this form, call the claims office at DSN 421-4597/2473.



1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John W.			3. PICK-UP DATE (YYYYMMDD) 20050101		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)											
2. CLAIMANT'S INSURANCE COMPANY (If applicable) a. NAME USAA Insurance			b. POLICY NO. 123456789		4. DELIVERY DATE (YYYYMMDD) 20050215		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR			
5.	6.	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8.	9. ORIGINAL COST	10.	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER			
	QTY		INV NO.	MM/YYYY PURCHASED			16. EXCEPTIONS		19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	
1	1	96 FORD MUSTANG, 180,000 miles Dent passenger side rear door the size of a baseball and a 18" scratch on driver side door.		21000.00 Jun 96			Note: our office only requires you to get one estimate of repair. The cost for that estimate is reimbursable if the			fee WILL NOT be refunded when the repairs are made.						
2	1	Repair passenger side dent / Parts				300.00	Note: !!! We can not pay for an engineer's report (Gutachten). This is when an expert looks at your car and tells you			everything that's wrong with it. This report is very expensive, so don't make the mistake of		getting one. YOU WON'T be reimbursed				
3	1	Repair driver side scratch / Parts				150.00										
4	1	Paint				300.00										
5	1	Labor				500.00										
6	1	Estimate fee				70.00										
7	1	VAT Form				3.00										
							Note: \$50.00 is the maximum payable limit for transportation, shipping and handling charges before the cost			is actually incurred.						
12. REMARKS			13. TOTAL		\$	1323.00			30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$	\$

1. NAME OF CLAIMANT (Last, First, Middle Initial)			3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)												
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR						
a. NAME			b. POLICY NO.														
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	24. LOT NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
12. REMARKS				13. TOTAL \$				30. TOTAL AMOUNT ALLOWED \$				31. THIRD PARTY LIABILITY \$					

## LEGEND OF ABBREVIATIONS

AC	Amount claimed.
AGC	Agreed cost or repairs in lieu of estimate.
BX-PX	Replacement price through local exchange retail store (rate of depreciation, if applicable, to be included).
CR	Amount paid by carrier prior to settlement of this claim entered on this line and deducted from total amount allowed.
D	Depreciation computed, preceded by appropriate percentage, i.e. 20%D.
DV	Depreciated value awarded – cost of repairs exceeds depreciated value of item (e.g., DV,PX \$100, 75%D).
ER	Estimate of Repair (add exhibit number of repair estimate, ER, EX5).
EX	Exhibit (include appropriate exhibit designation, e.g. EX5)
FR	Flat rate depreciation, preceded by appropriate percentage, i.e., 25%FR
F&R	Fair and reasonable award.
LOV	A loss of value was awarded in lieu of or in addition to the cost of repairs (e.g., \$25LOV)
M/A	Maximum allowable.
N/P	Not payable (appropriate rule for basing denial should be included.
N/R	Not repairable.
OBS	Deduction made for obsolescence (e.g., 15%D + 25%OBS)
PCR	Potential carrier recovery deduction made (failure of claimant to notify authorities in a timely manner).
PED	Preexisting damage (percentage to be included, e.g., 30%PED).
PP	Purchase price.
RC	Reasonable replacement cost applied (rate of depreciation, if applicable, to be included in block).
SV/N	Salvage value – beyond economical/reasonable repair, no salvage value, turn in not required.
SV/R	Salvage value – beyond economical/reasonable repair, some salvage value, claimant elected to retain item (e.g. 75%D, \$35 SV/R).
SV/T	Salvage value turn-in required (amount of salvage value to be entered).

## **LIST OF REPAIR SHOPS**

The repair shops listed below will provide an estimate of repair for specific types of items as indicated. This list is provided to you as an additional service of this office. While the Claims Office does not recommend or endorse any of the particular companies listed below, we have determined that these companies charge reasonable estimate fees and can do the work as requested. Use of any firm not listed below should be cleared with this office prior to obtaining an estimate. Failure to do so may result in non-payment of the estimate fee. A fee is charged for the estimate which may be reimbursed if your claim is approved. Estimates of repair are required when the repair cost of the item is \$100 or more. **Please call the claims office if in doubt about getting a repair estimate.**

### **WOOD DAMAGE**

Schreinerei  
Franc Ivancic  
Neckarstrasse 30  
71686 Remseck-Aldingen  
Tel: 07146-91405  
Fax: 07146-20260

Rudi Ruehle  
Wilhelmstrasse 2  
71116 Gaertringen  
Tel: 07034-22294  
Fax: 07034-26365

Estimate &  
Repair Service  
Wilhelm Kachler  
Kleinfeldweg 42  
69190 Walldorf  
Tel: 06227-382681  
Fax: 06227-382682

**GARMISCH**  
M.L. Martignoni  
Alpstrasse 47  
82491 Grainau  
Tel: 08821-82538  
Fax: 08821-985474

### **UPHOLSTERER**

Manfred Wahlenmeier  
Finkenweg 2  
71686 Remseck  
Tel: 07146-91405

Ebner Polstereien  
Herrenberger Strasse 9  
70563 Stuttgart-Vaihingen  
Tel: 0711-731-081  
Fax: 0711-735-4645

### **BRASS AND COPPER**

Johann Boehm  
Buchdrucker GmbH  
Ludwigsburgerstrasse 59  
71642 Ludwigsburg  
Tel: 07141-53167

### **COMPUTERS**

Mega-Byte  
Hauptstaetter Strasse 132  
70178 Stuttgart  
Tel: 0711-649-2878

Edicta  
Karl-Pfaff Strasse 30  
70597 Stuttgart-Degerloch  
Tel: 0711-763381

### **TV, STEREO, ELECTRONICS**

AAFES Power Zone on  
Patch Barracks or  
a local Electronics Store

Maerz & Rabe  
Uhrmacher-Meisterwerkstatt  
Ludwigstrasse 84  
70197 Stuttgart  
Tel: 0711-613088

Juergen Roth  
Repair of old clocks, parts  
Pfarrstrasse 1  
70794 Filderstadt-Plattenhardt  
Tel: 0711-775707

### **ANTIQUE APPRAISALS**

Futterknecht  
Höfingerstrasse 8  
70499 Stuttgart-Weilimdorf  
Tel: 0711-8661465  
(only in German)

### **GLASS**

Albrecht Glasreparaturen  
Unter dem Birkenkopf 14  
70197 Stuttgart (Westbahnhof)  
Tel: 0711-649660  
Fax: 0711-6496677

Frame Shop  
on post



## **LIST OF AUTO REPAIR SHOPS**

The repair shops listed below will provide an estimate of repair for specific types of vehicles as indicated. This list is provided to you as an additional service of this office. It is not a recommendation or endorsement of any particular company. A fee may be charged for their service, which is reimbursable if your claim is approved.

### **BODY WORK ON ALL POVS**

**Karosserie und Lackierfachbetrieb  
Ulz GmbH**  
Rübezahlweg 10  
70567 Stuttgart-Möhringen  
Tel. 0711 7186666

**Autohaus Brixner**  
Dieselstrasse 22  
70771 Leinfelden-Echterdingen  
Fax: 0711 79098201  
Tel: 0711-790-98263

**Visher Karosseriebau GmbH**  
Industriestrasse 64  
70565 Stuttgart-Vaihingen  
Tel: 0711-78074-0  
Fax: 0711-780-7433

**Karosserie Dieruff**  
Chemnitzer Strasse 5  
70597 Stuttgart-Degerloch  
Tel: 0711-7272373  
Fax: 0711-72723750

### **PARTS REPLACEMENT**

**AAFES Garage**  
Panzer-Kaserne  
Tel: 07031-15362  
DSN: 431-2362

### **GLASS REPAIR ON ALL POVS**

**A.T. ISER Autoglas**  
Plieninger Strasse 90  
70567 Stuttgart  
Tel: 0711-7220980